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CONFIRMATION NO. 2617

<b>SERIAL NUMBER</b> 10/752,189	<b>FILING OR 371(c) DATE</b> 01/05/2004 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 0235-0002.02	
<b>APPLICANTS</b> Richard Cottrell, Lake Forest, IL;					
<b>** CONTINUING DATA *****</b> <i>okay 200</i> This application is a CON of 10/223,773 08/19/2002 PAT 6,672,872 which is a CIP of 10/011,866 12/03/2001 PAT 6,655,961					
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE LEO</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/09/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Carly E. O'Brien</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 63	<b>INDEPENDENT CLAIMS</b> 14
<b>ADDRESS</b> 24998					
<b>TITLE</b> Modified dental implant fixture					
<b>FILING FEE RECEIVED</b> 3775	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		